



Durham Joins Together Saving Lives Minutes

Thursday, June 22, 2023

Via Zoom

Co – Chairs: Dr. Wanda Boone, CEO of Together for Resilient Youth (TRY) & Wendy Jacobs, Vice Chair of Board of County Commissioners (BOCC)

Attending: Dr. Wanda Boone- Pinnacle Community Development Corp and TRY; Earl Boone-TRY; Marybeth Cox and Fisher Charlton-NCDPH; Paula Harrington-Oxford House and Freedom House; Breana Van Velzen-Durham Congregations In Action (DCIA); Carlyle Johnson-Alliance Health; Cindy Haynes- Duke CTSI; Claire Bigham-DRRC; Dwane Brinson-DCo ACM for Community Safety; Capt. Helen Tripp- DCoEMS, Community Paramedics; Howard Eisenson-Lincoln Community Health Center; Michele Easter-Duke Psychiatry and Behavioral Sciences; Nicole Schramm-Sapyta, Duke Institute for Brain Sciences; Ronald Gary-Durham Detention Center SMART Program; Rod Jenkins, Kristen Patterson, Lindsey Bickers-Bock, Olivia Cunningham, Donna Rosser, and Lacie Scofield-DCoDPH; Tremaine Sawyer-CJRC/Justice Services Department; Dr. Faye Calhoun- NCCU Chancellor’s Office; and Lois Harvin-Ravin-DCo Veterans Administration

AGENDA ITEMS	MAJOR DISCUSSION POINTS
<p>Welcome and Introductions 5:30 pm - 5:35 pm</p>	<p>Commissioner Wendy Jacobs, Task Force Co-Chair NOTES: In Commissioner Jacobs’ absence, Dr. Boone welcomed and thanked everyone for attending and expressed excitement about the wonderful information to be shared. Dr. Boone announced that Commissioner Jacobs is in Spain with spotty internet; thus, unable to join the meeting. She asked everyone to put their name and organization in the Chat.</p> <p>The NC Opioid Settlement: Durham County Process will be addressed at a future meeting by Commissioner Jacobs.</p>
<p>Committee Presentation/Discussion 5:35 pm - 6:05 pm</p>	<p>Prevention and Education Committee</p> <ul style="list-style-type: none"> Opioid Overdose and Alcohol Misuse with a Focus on Durham – Mary Beth Cox, MPH, Substance Use Epidemiologist, NC Injury and Violence Prevention Branch <p>NOTES: Dr Boone introduced guest speakers, Mary Beth Cox and Fisher Charlton. She said the presentation will shed light on alcohol as a contributing factor to opioid overdose.</p>

Fisher Charlton, Alcohol Epidemiologist with NC Division of Public Health, shared presentation on Alcohol-related Harm Surveillance in Durham County.

- Explained why it's important to share information about alcohol attributable death rates rather than counts of individuals who died. Although both important, rates help when talking about disparities.
- Explained that although counts amongst white non-Hispanic NC residents are much higher than in Black residents, this is due to a much higher population size of white non-Hispanic residents in NC. When looking at alcohol attributable death rates and adjusting for population differences in the two communities, Black NC residents had similar rates as white residents. Same concept applies at county level.
- Presentation focused on rates for White non-Hispanic and Black non-Hispanic residents in Durham County, showing age specific rates to help account for differences in alcohol consumption patterns between different age groups.

Key Points

- In 2021, deaths attributable to excessive alcohol use reached an average of 17 deaths per day for North Carolinians who lost their life because of excessive alcohol use.
- Although total rates in NC are similar between White and Black residents, there is a different story for Durham County.
- In Durham County, Black residents have higher total alcohol attributable death rates for every age category, with a large difference between the two groups.
- Persisting health inequities, along with many other factors, could have contributed to the observed disparity.
- Black residents have higher death rates than white residents for chronic causes in ages 50 and older and higher rates than whites for acute causes in every age group.
- Statewide, Black residents have higher death rates for those aged 34 and younger, White residents have higher rates for those age 34 and older.

Singular Cause of Death-Overdose

- It's important to discuss the role alcohol plays in the overdose epidemic, because alcohol in combination with other drugs can increase a person's risk for overdose.
- In Durham, rates remain relatively high with 1 in 5 overdoses involving alcohol use.
- In NC, there are similar rates for Black residents from 2017-2021.

Additional resources

- [N.C. DPH: IVP Branch: Data and Surveillance \(ncdhhs.gov\)](https://www.ncdhhs.gov/ivp-branch) Website contains data information and resources on excessive alcohol use.
- NC Alcohol Data Dashboard provides public health narrative of acute and chronic impact of excessive alcohol consumption on both state and national levels.
- NC State Excessive Alcohol Advisory Committee (NC SEAAC) engages partners working in prevention of excessive alcohol use and its related harms across the state. Meets twice a year. Next meeting is in October.
- For alcohol-related service requests, email: Substanceusedata@dhhs.nc.gov

Mary Beth Cox Presentation

- She thanked Fisher Charlton for her part of the presentation and discussed Alcohol's Involvement in Overdose Deaths to include national, NC and Durham data.
- She reviewed the impact of the COVID-19 pandemic on overdose.
- In 2020, for the first time, broke over 100,000 overdose deaths nationally. Numbers increasing each year since.
- In NC, there was a 40% increase in 2020 and 22% increase in 2021, resulting in 4,000 North Carolina (11/day) lives lost to overdose.
- Based on 2022 estimates of overdose deaths and ED overdose visits, appears to be a slowing in rate at which overdose is increasing. However, this and data from the first 5 months of 2023 shows sustaining high numbers experienced in early years of pandemic.

Communities Most Impacted

- Most everyone feels direct or indirect impact of epidemic; however, some communities are disproportionately impacted.
- Presentation focused on disparities by race. Race is used as a proxy measure for historical systematic racism. It measures impact of structures that deny access to education, food, healthcare, etc.
- It's Important to keep in mind (when thinking about the overdose epidemic), the decades of the war on drugs and the impact on communities of color-particularly Black people. Can only be measured by race included in death certificate data.
- It's important to look at rates standardized by race and ethnicity. Also, important to look at how quickly rates increase or change.

Key Points (Based on data from 2019-2021)

- Overall rate in state increased by 22%.
- For non-Hispanic Black population, overall rate lower; however, rate increased by 139% from 2019 to 2021.
- Indigenous population rate increased by 117%.
- Non-Hispanic white population increased by 53%.
- Not unique to NC. Similar widening of racial disparities seen in Black and Indigenous populations across US.
- For many years in NC, non-Hispanic Black rates of fatal overdose was lower than the non-Hispanic White rate; however, in 2021, rates almost equal.

Fatal Overdose Rates in Durham County

- Rates for non-Hispanic White and Black, similar for many years.
- Since pandemic, much steeper increase for non-Hispanic Black.

Durham Non-Fatal ED Visit Data from 2019-2022 (Provisional)

- Seventy-five percent increase in disparity ratio.
- Rates for overdose ED visits in Black Durham residents have always been higher and continued to grow over last 4-years.
- Now, rate over twice as high as that for White residents, showing increase in disparity over course of pandemic.

Impact of Built Environment

- During 5-year period, among 100 NC counties, rate of fatal overdose ranged from 12 to 63 fatal overdose deaths per 100 thousand.

- Statewide, average rate is 28 per 100 thousand.
- Durham’s rate is 21 per 100 thousand.
- However, looking at census tract data, rate of fatal overdose for Durham County ranged from 11 to 110 per 100 thousand.
- More densely populated areas having higher rates of fatal overdose. Important to consider when allocating resources.

Additional Resources:

- State and county-level data always posted on website.
- Produce monthly surveillance reports.
- substanceusedata@dhhs.nc.gov
- Book time with epidemiologists on any injury and violence topics that epi team supports to discuss data needs.
- Sign up for NC OPDAAC list serve and attend quarterly meetings.

Responding to Opioid Overdose and Alcohol Misuse – Dr. Wanda Boone, Task Force Co-Chair

NOTES: Dr. Boone introduced TRY as a prevention arm of the DJT Task Force.

- Although TRY provides information for everyone, certain parts of the county require more focus and action.
- Districts 1 and 4 are the most vulnerable census tracts due to the following:
 - Percent residents below federal poverty level.
 - Percent resident’s facing adverse childhood experiences and trauma.
- There is a growing body of research linking traumatic childhood experiences to physical and behavioral health problems in adulthood including smoking, alcoholism, drug use, missed work, depression, suicide attempts etc.
- While addressing the connection between alcohol and overdose, TRY also addresses prevention of other challenges in the district.
- Prevention goals, objectives and actions address disconnects within communities, among institutions, within families and with youth. Project focuses on trauma and monitors Good Neighbor Business Network.
- Dr. Boone questions data on alcohol use among high school students and must take a closer look at this.
- TRY is also looking at prevention of youth involvement in marijuana use.
- (Chat) 18:06:33 From Rod Jenkins: We are preparing to release the latest YRBS....
- Dr. Boone will send out information on goals of the project. She included links to videos and info sheets in the Education & Prevention Committee Report Donna sent out with the agenda.
- Dr. Boone invited everyone to attend TRY Coalition meetings.

6:05 pm - 6:10 pm

Q&A

6:10 pm - 6:40 pm

Mental Health Substance Use Disorder Treatment Committee

- SUD in Detention Setting – Tremaine Sawyer, STARR Program Supervisor, Justice Resource Center.

NOTES: Dr. Boone introduced presentation by Mental Health Substance Use Disorder Treatment Committee.

Tremaine Sawyer presented information on STAR Program as follows:

- Substance Treatment and Recidivism (STAR) Program is housed within the Durham County Detention Center and administered through the Justice Services Department (Formerly Criminal Justice Resource Center).
- STAR provides up to 16-weeks of treatment for court-mandated individuals or those who volunteer within the facility.
- According to data from FY-2022, program served 146 cases with multiple diagnoses and multiple substances.
- Cases served, include 29 Women and 117 Men-Predominantly African American.
- Alcohol most common substance used by men.
- Opiates and Cocaine most common substances for women.
- Cannabis most common substance in younger participants.
- Alcohol most common substance with older participants.
- With men, alcohol most prominent, followed by Cocaine and Cannabis.
- For women, Opiates most predominant, followed by Cocaine, with alcohol and Cannabis tied for third.
- Large population diagnosed with alcohol use disorder, but many not educated on what is problematic use.
- STAR Program offers prescreening on all substances, but particularly on alcohol and educating individuals to prevent alcohol use disorder.

Dr. Boone added - research shows more violent crimes are associated with alcohol consumption. To prevent violence, excessive alcohol dangers and opioid overdose, prevention should take place earlier. Information from CDC, SAMHSA and NIH.

CLC Peer Support Program Demographics – Lacie Scofield, Overdose Prevention and Response Program Coordinator, Durham County Department of Public Health

NOTES: Lacie Scofield presented information on CLC Program as follows:

- Program funded by Durham County Department of Public Health and a contract through the Durham Recovery Response Center (DRRC), which is where Peer Support Specialists are based.
- Program presently has 1 fulltime peer, Claire Bigham.
- Referrals to CLC peer support comes from several sources to include the following:
 - Both Duke Hospitals, including ED and hospitalized patients.
 - EMS.
 - Community Paramedics during Post-Overdose Response Team (PORT) visits.
 - DRRC Crisis Unit.
 - STAR and SMART Programs in Durham Detention Center.
- Claire gets between 15-20 new participants each month. About half consent to participate in CLC Program, with most consenting to enter substance use treatment at DRRC. They have option to meet with Claire on weekly basis and often meet with her more frequently.
- Claire provides support with housing, transportation, harm reduction, Wellness Recovery Action Planning (WRAP).

- Between new clients and those already in program, there are 50-70 contacts per month.

*See Lacie's slides for data on CLC Program.

- According to EMS data from July 2021-December 2022, higher rates of overdose in Black men and women and the gap is getting bigger.
- Want to enroll larger numbers of Black individuals in program.
- From start of program to April 30, 2022, program had 2 Black PSS (Brittany and Catherine). Following that time, Anna, Henry, Maurice and Claire-all white. Although percent enrollees not statistically different between two time periods,
- Lacie sees a need to enroll more Black participants in the program.
- Fortunately, more funding will allow the program to hire 2 additional PSS. Lacie will consider diversity when recruiting.

Peer Support in Community Settings: Successes, Challenges, and Lessons Learned - Claire Bigham, CLC Peer Support Specialist, Durham Recovery Response Center (DRRC), and Ronald Gary, Peer Support Specialist, SMART (Sheriff's Medication Assisted and Restorative Treatment) Program

NOTES: Claire Bigham shared information on Peer Support in Community and Outpatient settings as follows:

- Claire was certified in peer support in July 2022.
- Worked as PSS and Recovery Coach with DRRC Crisis Unit. Tasks included shorter term and involved finding longer treatment and housing.
- Hired as Peer Navigator with CLC in January 2023.
- Assist clients with finding longer-term treatment, housing, accessing benefits, finding primary care providers and assistance on longer term scale to their recovery.
- Major tasks mentioned by Lacie above.
- When accompanying Community Paramedics on PORT visits, clients not always happy to see them.
- It is Important during the visit to let clients know they are there to provide support and meet them where they are. Meeting people in their homes or where they live add a different perspective from meetings in clinical settings. Shared Successes, Challenges and Lessons Learned.

Successes

- Claire says during last year with DRRC, she has built good rapport with guests. Some of which, only ask for her because they trust her. This is something she worried about when starting the job. She shared 3 success stories and changed the names of the clients for confidentiality purposes.
- Claire finds it really rewarding when she sees clients/guests she works with come far or even take baby steps.
- Claire shared that work challenges in this field include the emotional load/burden due to secondary trauma.
- Another challenge is related to clients' requests for assistance with something that is beyond her control.
- It's not always as simple as a phone call to get services for clients. Sometimes issues that clients/guests deal with are systemic in nature.

- Some programs deny services to individuals on MAT, individuals with health issues, individuals who are disabled, or are unemployed.
- Medication and other costs may also be a barrier to care.
- It can be difficult to realize that she may not be able to help everyone.
- Another challenge can involve working with clients who are highly reactive, prone to emotional outbursts or violence.
- Can be a challenge to de-escalate the situation while regulating one's own emotions. It is a learning process.
- Finally, can be challenging to tell clients she cannot help with a request. Can lead to feelings of inadequacy.

Lessons Learned

- Claire says work can be rewarding and challenging but loves what she does because she realizes her work makes an impact.

(Chat) 18:45:04 From Rod Jenkins: Thank you for your great work, Claire!

18:45:39 From Helen Tripp: We appreciate everything you do!

18:45:48 From Lindsey Bickers Bock (she/her) : We are so thankful to have you as a key contributor to the CLC program!

Ronald Gary Reported on Peer Support in the Detention Setting as follows:

- Ron works for the Durham Detention Center. Says setting is different from community because of security risks.
- Ron works under Clinician, Tammy Vaughan.
- Role is to see clients on daily basis and meet them where they are as well.
- Works with population, many of which have dual diagnosis of substance use disorder (Including substances mentioned in Tremaine's presentation) and mental health diagnoses.
- Also assists clients with completing and signing intake and consent forms to participate in programs and services. Once forms are completed, Ron prepares notes for supervisor about readiness of clients to enter treatment.
- Ron says not all clients are ready for change.
- He facilitates WRAP groups twice weekly. Participants usually complete process in about 4 weeks.
- Ron thinks some barriers to treatment are caused by stigma.
- He works with clients to explain that MAT helps with recovery and prevents overdose.
- Process for clients continuing MAT post-release from the Detention Center includes a follow-up process to assure clients are attending appointments and a 60 to 90-day follow-up to assure that all is well with the client and to assess the need for additional resources in the community.

(Chat) 18:51:59 From Paula Harrington : All of this information has been great and I'm glad to learn more about it.

18:53:53 From Rod Jenkins : Thank you for your great work in a very challenging environment!

18:54:05 From Michele Easter : Thank you for your work and for telling us about it!

6:40 pm - 6:45 pm

Q&A
NOTES:

	<ul style="list-style-type: none"> • Dr. Boone said she is glad there is a release plan for clients leaving the Detention Center on MAT. She asked if clients who have not completed the full range of the program should receive a 14-day bridge for medication, rather than a 7-day bridge? • Ron says there is no need to provide the client with more than a 7-day supply of medication, because the program schedules an appointment for the client with a provider in the community, who will continue their MAT within 7-days of their release.
<p>Updates and Closing 6:45 pm - 7:00 pm</p>	<p>Dr. Faye Calhoun, NCCU Chancellor’s Office, Commissioner Wendy Jacobs, and Dr. Wanda Boone</p> <ul style="list-style-type: none"> • Inaugural MAT Conference at NCCU <p>NOTES: Dr. Boone introduced the meetings’ final presentation by Dr. Faye Calhoun</p> <ul style="list-style-type: none"> • Dr. Calhoun announced that the Inaugural MAT conference took place on May 11, 2023. • Conference pulled together over 100 individuals representing community health centers across the state, including well-funded, rural, and free clinics doing what they can to support individuals with opioid use disorder. • Important to note that this was the Inaugural Conference, meaning it will be done again. Next time, event will be expanded to reach more participants. • Practitioners received 1 Continuing Education Unit for attending the conference. The conference included a banquet and award ceremony on the night prior and a full day of training on May 11. Commissioner Wendy Jacobs opened the conference and Dr. Wanda Boone presented mid-day. • Dr. Calhoun said the key to the conference involved 3 partner organizations working together-NC Community Health Center Association (NCCHCA), NCCU Biomedical and Biotechnology Research Institute, and the NC Collaboratory. • The conference also featured a panel discussion that included Katherine Sanford and a Keynote presentation by Dr. Samuel Parrish, an M.D. representing AMPA. • Conference evaluation showed that participants want conference expanded to 2 days and would like to have breakout groups, allowing them to share ideas. <p>(Chat) 19:03:16 From Helen Tripp : It was a great, well-rounded conference!</p> <p>Dr. Boone agreed that the conference was a wonderful event. She announced the next meeting of DJT Task Force scheduled for Thursday, September 28, 2023. She reminded meeting attendees to check emails for meeting minutes and to join either of the committees.</p> <p>(Chat)19:04:52 From Kristen Patterson : Thank you all for such great presentations!!!</p> <p>19:05:18 From Lindsey Bickers Bock (she/her) : So much great, robust content tonight!</p> <p>19:05:43 From Cindy Haynes : Great presentations!! Thank you!!</p> <p>19:05:52 From Mary Beth Cox (she/her), NC DPH : Thank you all!</p> <p>Dr. Boone asked Public Health Director, Rod Jenkins, if he had comments. Director Jenkins agreed with Deputy Director, Kristen Patterson’s comment in the Chat. He also expressed his thanks for the effort.</p> <p>Dr. Boone thanked everyone for attending and adjourned the meeting.</p>

Next Meeting	Thursday, September 26, 2023 Location: Zoom

Schedule for Durham Joins Together Committees:

- Prevention/Education – 2nd Wednesday, 10:30 AM, Virtual
- Mental Health SUD/Treatment and Data – 2nd Tuesdays, 3:00 PM, Virtual
- Policy – To be determined

Committee Chairs:

- Prevention & Education – Dr. Wanda Boone
- Mental Health Substance Use Disorder Treatment –Tremaine Sawyer & Lacie Scofield